Parcel:

19-5S-18-10596-003 (45348)

Owner & Property Info

Result: 20 of 31

HARDEN JOHN SR

HARDEN SAMANTHA

Owner 201 SE BRANTLEY CT

LULU, FL 32061

Site 201 SE BRANTLEY Ct, LULU

COMM NW COR OF E 1/2 OF NE 1/4 OF SE 1/4, E 420.93 FT, S 629.96 FT, W 7.73 FT, S 144.16 FT, N

Description* 79 DEG W 153.45 FT, N 13.74 FT, N 77 DEG W 265.31 FT, N 689.23 FT TO POB. CD 1224-1022, WD

1244-126, QC 1465-136, QC 1465-2520,

Area 7.03 AC S/T/R 19-5S-18E

Use Code** MOBILE HOME (0200) Tax District 3

MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER	CONTRACTOR	Robert Sheppard	PHONE 386-623-2203

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

Patricia Keene

In Columbia County one permit will cover all trades doing work at the permitted site. It is <u>KEQUIKED</u> that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name	Glenn Whittington	Signature
	License #:	EC 13002957	Phone #: 386-972-1700
		Qualifier Form Att	ached X
MECHANICAL/	Print Name	Ronald Bonds Sr.	Signature
A/C	License #:	CAC1817658	Phone #: 800-259-3470
		Qualifier Form Att	ached X

Qualifier Forms cannot be submitted for any Specialty License.

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			

F. S. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

Revised 10/30/2015



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION

LICENSED QUALIFIE	R AUTHORIZATION		
1. Charl Whitington	(license holder name), licensed qualifier		
for Whittington ELBEKK S	(company name), do certify that		
the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.			
Printed Name of Person Authorized	Signature of Authorized Person		
1. Calasses 2. Rexcentional	2. Jones D		
3.	3.		
4.	4.		
5.	5.		
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.			
If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.			
Licensed Qualifiers Signature (Notarized)	License Number Date		
NOTARY INFORMATION: STATE OF:COUNTY OF:			
personally appeared before me and is known by me or has produced identification (type of I.D.) on this day of, 20			
NOTARY'S SIGNATURE	Seal/Starker Y R BISHOP Notary Public - State of Florida		

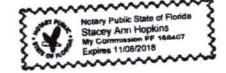
My Comm. Expires Jun 24, 2019



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave, Suite B-21, Lake City, FL 32055 Phone: 386-758-1008 Fax: 386-758-2160

LICENSED QUALIFIER AUTHORIZATION (license holder name). licensed qualifier (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf. Printed Name of Person Authorized Signature of Authorized Person -4 5. 5. I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes. Codes. and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents. officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits. If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits. Licensed Qualifiers Signature (Notarized) NOTARY INFORMATION: COUNTY OF: STATE OF: [L The above license holder, whose name is flongld personally appeared before me and is known by me or has produced identification (type of I.D.) on this ______ day of ______ E____



(Seal/Stamp)

	marriage vall per vilhin 2' of and of home per Rule 15C	l l or he	Installer Robert Sheppard License # IH 1025386 Installer Mobile Phone # 386-623-2203 Address of home being installed Manufacturer Manufacturer Law FL 3206 Monte: If home is a single wide fill out one half of the blocking plan
within 2' of end of home spaced at 5' 4" oc Longitudinal Stabilizing Device (LSD) Manufacturer	Pier pad size	Roof System:Typical	New Home Used Home Home installed to the Manufacturer's Installation Manual Home is installed in accordance with Rule 15-C Single wide Wind Zone II Double wide Installation Decal # 85524 Triple/Quad Serial # FLJC1-COD-H-6303206 A6

Site Preparation

PERMIT NUMBER

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to or check here to declare 1000 lb. soil without without testing

POCKET PENETROMETER TESTING METHOD

- 1. Test the perimeter of the home at 6 locations
- 2 Take the reading at the depth of the footer
- Using 500 lb. increments, take the lowest reading and round down to that increment

ω

2000

1000

TORQUE PROBE TEST

showing 275 inch pounds or less will require 5 foot anchors. here if you are declaring 5' anchors without testing The results of the torque probe test is inch pounds or check

Note: A state approved lateral arm system is being used and 4 ft. reading is 275 or less and where the mobile home manufacturer may anchors are required at all centerline tie points where the torque test anchors are allowed at the sidewall locations. I understand 5 ft requires anchors with 4000 lb holding capacity Installer's initials

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Date Tested

Electrical

Other:

source. This includes the bonding wire between mult-wide units Connect electrical conductors between multi-wide units, but not to the majn power Pg.

Pg.

Connect all sewer drains to an existing sewer tap or septic tank.

independent water supply systems. Pg. Connect all potable water supply piping to an existing water meter, water tap, or other

> Debris and organic material removed L Water drainage: Natural Swale Type gasket TOOM Walls Roof: Floor of tape will not serve as a gasket a result of a poorly installed or no gasket being installed. I understand a strip homes and that condensation, mold, meldew and buckled marriage walls are I understand a properly installed gasket is a requirement of all new and used Type Fastener: 1005
>
> Type Fastener: 1005
>
> For used homes
>
> vill be carr will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline. Type Fastener: SCIEWS Length: Spacing: 16 Type Fastener: 10.95 Length: Spacing: 16 Spacing: 16 Type Fastener: 10.95 Length: Will Spacing: 16 Type Fastener: 10.95 Length: 16 Type Fastener: 10.95 Leng Gasket (weatherproofing regultement) astening multi wide units Length: 5" Installer's initials Installed Bottom of ridgebeam Yes Between Walls Yes Between Floors Yes Pad Spacing: Spacing: Spacing: Other

Weatherproofing

Fireplace chimney installed so as not to allow intrusion of rain water. Yes Siding on units is installed to manufacturer's specifications. Yes_ The bottomboard will be repaired and/or taped. Yes_

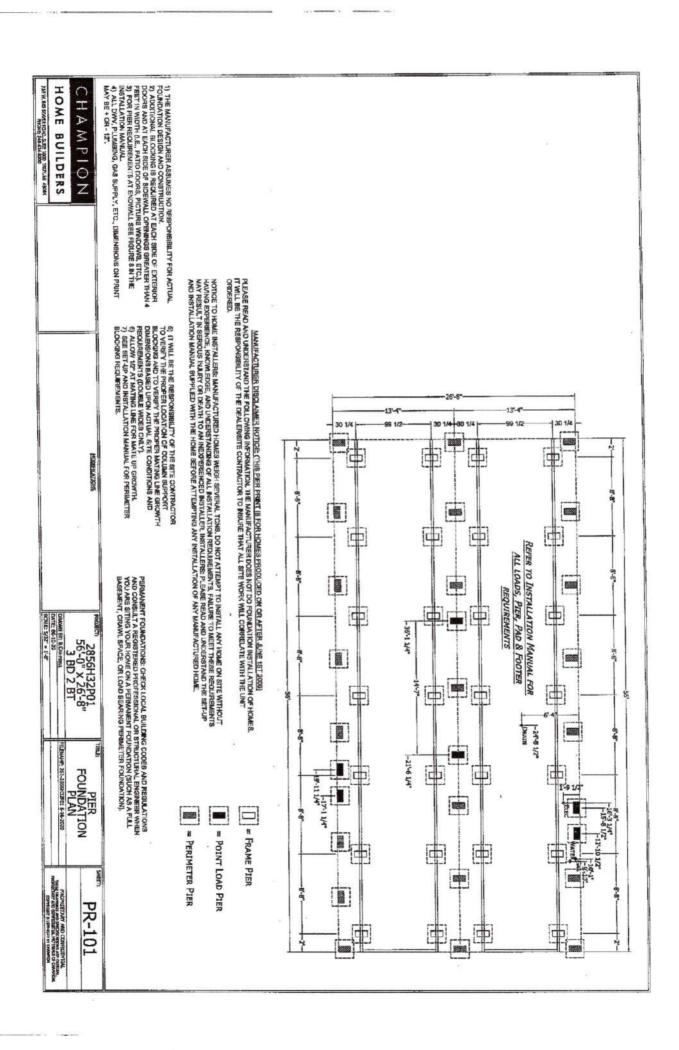
Miscellaneous

Dryer vent installed outside of skirting. Yes Skirting to be installed. Yes, Electrical crossovers protected. Drain lines supported at 4 foot intervals. Yes Range downflow vent installed outside of skirting. Yes 8 Yes NA NA A

Installer verifies all information given with this permit worksheet manufacturer's installation instructions and or Rule 15C-1 & 2 is accurate and true based on the

Installer Signature 1

Date 6-7-22

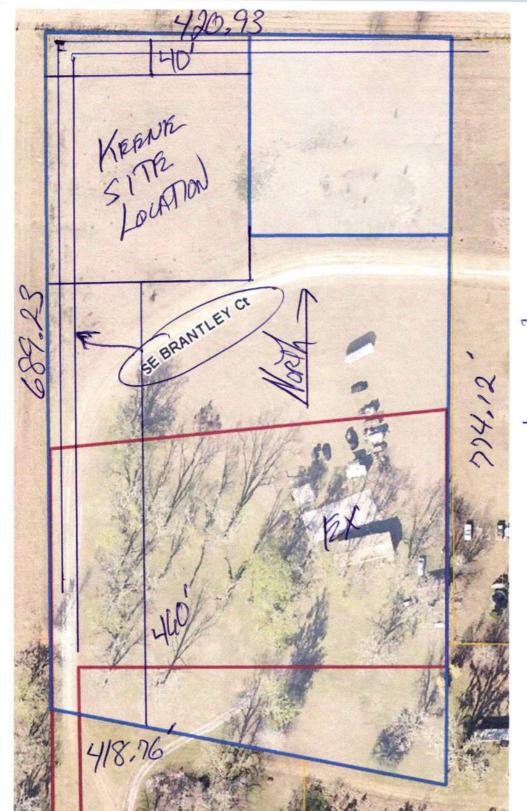


STATE OF FLORIDA DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

1	Permit Applica	ation Number
HARdEN /KEE	NR PART II - SITEPLAN	210
Scale: 1 inch = 40 feet.	SPE SEAMOTHER CONST. SPE SEAMOTHER CONST.	90 were 100 / 100
Notes:		
	2 of 5.03 ACRES	Errehal
Site Plan submitted by:		CONTRACTOR
Plan Approved	Not Approved	Date
Ву		County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT



1=100

KERNE, PATROCIA

HARden Propressy auren

6/1/22

